

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Society of Plastic Surgeons Plastypac

ADDRESS (number and street) ▼

444 E Algonquin Rd

☐ Check if different than previously reported. (ACC)

Arlington Heights

IL

60005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00249342

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☒ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard J. Greco MD

Signature of Treasurer

Richard J. Greco MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Society of Plastic Surgeons Plastypac

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">33493.18</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">33493.18</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">100707.02</span>	<span style="border: 1px solid black; padding: 2px;">100707.02</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">134200.20</span>	<span style="border: 1px solid black; padding: 2px;">134200.20</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">16585.77</span>	<span style="border: 1px solid black; padding: 2px;">16585.77</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">117614.43</span>	<span style="border: 1px solid black; padding: 2px;">117614.43</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Society of Plastic Surgeons Plastypac

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	86357.34	86357.34
(ii) Unitemized .....	14349.68	14349.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	100707.02	100707.02
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... ▶	100707.02	100707.02
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ..... ▶	100707.02	100707.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... ▶	100707.02	100707.02

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2085.77	2085.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2085.77	2085.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	14500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16585.77	16585.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16585.77	16585.77

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	100707.02	100707.02
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	100707.02	100707.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	2085.77	2085.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	2085.77	2085.77

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 6 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

Full Name (Last, First, Middle Initial)

**A. William H. Huffaker MD**

Mailing Address 134 Pinehurst Estates Dr

City	State	Zip Code
Saint Louis	MO	63141-8041

FEC ID number of contributing federal political committee.

C

Name of Employer

St. Louis Cosmetic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	12	/	2015

Transaction ID : A2A6FC77C903B46A9A36

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey D. Friedman MD**

Mailing Address 809 Kuhlman Rd

City	State	Zip Code
Houston	TX	77024-3105

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2015

Transaction ID : AA3D064995D07492992D

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Haven J. Barlow Jr., MD**

Mailing Address 11111 Piney Meetinghouse Rd

City	State	Zip Code
Potomac	MD	20854-1314

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2015

Transaction ID : A5FB66C5998994AA1AE9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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 (check only one)

PAGE 7 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

Full Name (Last, First, Middle Initial)

**A. Glenn A Becker MD**
 Mailing Address 515 E 72nd St  
 Apt 23F

City	State	Zip Code
New York	NY	10021-4022

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	29	/	2015

Transaction ID : AECA4C93C634047DABE4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. David E. Halpern MD FACS**
 Mailing Address 120 S Fremont Ave  
 120 S Fremont Ave

City	State	Zip Code
Tampa	FL	33606

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	30	/	2015

Transaction ID : AB2BEEB6CEA6C46968ED

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Scott L Tucker MD**

Mailing Address 440 Fairfax Dr

City	State	Zip Code
Winston Salem	NC	27104-4034

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	30	/	2015

Transaction ID : AE7F10593E246497EAAF

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. William H. Huffaker MD**

Mailing Address 134 Pinehurst Estates Dr

City

Saint Louis

State

MO

Zip Code

63141-8041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Louis Cosmetic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
02 / 12 / 2015

**Transaction ID : A1B94DEA6923E4765AF1**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Malcolm Z. Roth MD**

Mailing Address 10 Claire Cmn

10 Claire Common

City

Slingerlands

State

NY

Zip Code

12159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Albany Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
03 / 01 / 2015

**Transaction ID : ADBA9FD7DD1CB4549B62**

Amount of Each Receipt this Period

250.00

Recurring CC Quarterly

Full Name (Last, First, Middle Initial)

**C. Carla Garrison MD**

Mailing Address 5628 S Timber

City

Springfield

State

MO

Zip Code

65804-7718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : ACA228D9B36BA4BBEB39**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 9 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Matthew J. Bonanno MD, FACS**

Mailing Address 807 Old Sleepy Hollow Rd Ext

807 Old Sleepy Hollow Road Extensi

City State Zip Code  
 Briarcliff Manor NY 10510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 05 / 2015

Transaction ID : A789485DC488F4AF6B38

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Bhupesh Vasisht MD**

Mailing Address 13 Knottingham Dr

City State Zip Code  
 Voorhees NJ 08043-3931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

South Shore Plastic Surgery

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 09 / 2015

Transaction ID : A661A01E82CCE4FF2A3A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Mark T. Boschert MD**

Mailing Address 3 Rockwood Trail Ct

3 Rockwood Trail Court

City State Zip Code  
 Saint Charles MO 63303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 11 / 2015

Transaction ID : AAA7E35522DA54ABCA33

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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PAGE 10 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. John M. Rowley MD**

Mailing Address 3532 E Hialea Ct

City

Phoenix

State

AZ

Zip Code

85044-3422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 11 / 2015

**Transaction ID : A3D498CA2C91F40DDBC3**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Donald J. Campbell MD**

Mailing Address 2401 Avonlea Way

City

Gainesville

State

GA

Zip Code

30504-2685

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 11 / 2015

**Transaction ID : A00A4F222B76F422ABD8**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**c. Debra J. Johnson MD**

Mailing Address 3500 Cutter Way

City

Sacramento

State

CA

Zip Code

95818-4442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Plastic Surgery Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 11 / 2015

**Transaction ID : A989C053C64204CE6AB5**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

## **A. Mr. Scot Bradley Glasberg MD, FACS**

Mailing Address 900 Park Ave  
Apt 19AB

City State Zip Code  
New York NY 10075-0231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

03 / 11 / 2015

Transaction ID : AF025B3628A4C40D7B77

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

## **B. Luis A. Zapiach MD**

Mailing Address 9 Mayflower Dr

City State Zip Code  
Tenaflly NJ 07670-3129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

03 / 11 / 2015

Transaction ID : A8090ED6F3D474036B1F

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **C. Todd S Hewell III, MD**

Mailing Address 36W475 Hunters Gate Rd

City State Zip Code  
Saint Charles IL 60175-5132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 11 / 2015

Transaction ID : AE8CF71585BF24181991

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

705.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. William D Strinden MD**

Mailing Address 1402 Mulberry Ct

City  
Lufkin

State  
TX

Zip Code  
75904-5385

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lufkin Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 12 / 2015

**Transaction ID : ADE5578C4F9FB4AEA81D**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Darrick E Antell MD**

Mailing Address 133 Parsonage Rd

City

Greenwich

State

CT

Zip Code

06830-3937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 12 / 2015

**Transaction ID : AC118F363A2904F258BC**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Lucian J. Rivela MD**

Mailing Address 15 Destiny Cv

City

The Woodlands

State

TX

Zip Code

77381-4361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 12 / 2015

**Transaction ID : A317541A4177840EF8A5**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 76  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Robert K. Sigal MD**

Mailing Address 2610 Geneva Hill Ct

City State Zip Code  
 Oakton VA 22124-1534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 12 2015

**Transaction ID : A144E9968589A4C20BBF**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. William H. Huffaker MD**

Mailing Address 134 Pinehurst Estates Dr

City State Zip Code  
 Saint Louis MO 63141-8041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

St. Louis Cosmetic Surgery

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 12 2015

**Transaction ID : AB9129E4C743340CC834**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Diane L. Colgan MD**

Mailing Address 12509 Split Creek Ct

City State Zip Code  
 North Potomac MD 20878-3902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 12 2015

**Transaction ID : A0A8CD6C64BB245E4822**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

Full Name (Last, First, Middle Initial)

**A. Jeffrey E. Janis MD**Mailing Address 44 S Parkview Ave  
44 S. Parkview Ave.

City	State	Zip Code
Columbus	OH	43209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : A19727CCDC48F4D2BA48

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Byron D. Poindexter MD**

Mailing Address 20940 Turner Farm Ln

City	State	Zip Code
Leesburg	VA	20175-4644

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : A35A369BCA5F74F50951

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Gunnar E. Bergqvist MD**

Mailing Address 4848 Wolf Rd

City	State	Zip Code
Erie	PA	16505-1338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : A7A1670AC72FA4958AAA

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Michael A. Jazayeri MD**

Mailing Address 3972 Barranca Pkwy  
Ste J-214

City State Zip Code  
Irvine CA 92606-1204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 12 / 2015

**Transaction ID : ACA7CBB070B474422822**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Subramanya R. Shastri MD**

Mailing Address 166 Roxbury Park

City State Zip Code  
East Amherst NY 14051-1774

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 12 / 2015

**Transaction ID : AE0A267E562A1438D8CF**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Robert X. Murphy Jr., MD**

Mailing Address 110 Windermere Dr

City State Zip Code  
Blue Bell PA 19422-1447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Cosmetic and Reconstructive Specialist

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 12 / 2015

**Transaction ID : AACB85BF7539047D9B51**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Robert G. Anderson MD**Mailing Address 11501 Blue Creek Dr  
11501 Blue Creek Drive

City	State	Zip Code
Aledo	TX	76008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Fort Worth Plastic Surgery Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2015

**Transaction ID : A7D576A20F8F745E4A4D**

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**B. William A. Wallace MD, FACS**Mailing Address 916 Alameda Ln  
916 Alameda Lane

City	State	Zip Code
St Johns	FL	32259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coastal Cosmetic Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2015

**Transaction ID : A94D2215B663B47499A0**

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**C. John T. Lettieri MD**Mailing Address PO Box 27067  
None

City	State	Zip Code
Greenville	SC	29616-2067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

**Transaction ID : A76E08E1EB36C4E43875**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

934.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 17 OF 76  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

Full Name (Last, First, Middle Initial)

**A. Della C Bennett MD**

Mailing Address 26036 Arroyo Ln

City	State	Zip Code
Loma Linda	CA	92354-6522

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

Transaction ID : ACABAF0D050A046A1A3C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Erez G. Sternberg MD**Mailing Address 22 Maria Pl  
22 Maria Place

City	State	Zip Code
Ponte Vedra Beach	FL	32082

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

Transaction ID : A9D2FF24B661C433893D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Wesley G Schooler MD**Mailing Address 3530 Los Pinos Dr  
3530 Los Pinos Dr

City	State	Zip Code
Santa Barbara	CA	93105

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

Transaction ID : AE728E4530A60474D922

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Cindy Wu MD**

Mailing Address 130 Turvey Ct  
130 Turvey Court

City State Zip Code  
Chapel Hill NC 27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 18 / 2015

**Transaction ID : AD67C7ED5FD974434819**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Stephen U Harris MD**

Mailing Address 161 Cranberry Ct  
161 Cranberry Court

City State Zip Code  
Melville NY 11747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Harris Plastic Surgery

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 18 / 2015

**Transaction ID : A37B470BE1B6B4143A63**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Warren A. Ellsworth IV, MD**

Mailing Address 4028 Byron St

City State Zip Code  
Houston TX 77005-3630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 18 / 2015

**Transaction ID : AAF9B3866AEC34374848**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Holly Casey Wall MD**

Mailing Address 753 Hazelwood Dr

City

Shreveport

State

LA

Zip Code

71106-7213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 18 / 2015

**Transaction ID : A522AF073A51A4D4BB3F**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Arturo K Guiloff MD**

Mailing Address 170 Celestial Way  
Apt 5-3

City

Juno Beach

State

FL

Zip Code

33408-2366

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Estetica Institute

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 18 / 2015

**Transaction ID : A4E322A563CEB44B6977**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Patricia A McGuire MD**

Mailing Address 4 Wild Rose Dr

City

Saint Louis

State

MO

Zip Code

63124-1466

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 18 / 2015

**Transaction ID : A1A4A324ED2484941938**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Anthony P. Tufaro MD**

Mailing Address 7 Old Manor Ct

City

Reisterstown

State

MD

Zip Code

21136-5663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 18 / 2015

**Transaction ID : A133B776461C445FFA59**

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**B. Harold W Lueders MD**

Mailing Address 226 Redbud Dr

City

Paradise

State

CA

Zip Code

95969-3708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 18 / 2015

**Transaction ID : A503F5185AD2D4D269D7**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Steven K. Struck MD**

Mailing Address 56 Vista Verde Way  
56 Vista Verde Way

City

Portola Valley

State

CA

Zip Code

94028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

03 / 18 / 2015

**Transaction ID : A4B650BE28BD94574903**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

## **A. Philip C Marin MD**

Mailing Address 615 W 18th St

615 West 18th Street

City State Zip Code  
Pueblo CO 81003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2015

**Transaction ID : A9A18D62E441A4E73A0E**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Isidoros Moraitis MD**

Mailing Address 1629 Shady Oaks Dr

City State Zip Code  
Oldsmar FL 34677-2776

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2015

**Transaction ID : A02C0727CD894438C9F9**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Michael D. Yates MD**

Mailing Address 1388 McMullen Rd

City State Zip Code  
Gurley AL 35748-8660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2015

**Transaction ID : A0A5838ACA08746FEA70**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 76  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

## **A. Mark R Sultan MD**

Mailing Address 116 Lincoln St

City State Zip Code  
 Englewood NJ 07631-3117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2015

**Transaction ID : A38DAC7F24E1747D781D**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Antonio J. Gayoso MD**

Mailing Address 8045 Elbow Ln N

City State Zip Code  
 Saint Petersburg FL 33710-4323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2015

**Transaction ID : AD28CE733F2144721ADC**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. James Clarkson MD**

Mailing Address 5000 Chipping Camden Ln  
 5000 Chipping Camden Lane

City State Zip Code  
 Okemos MI 48864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2015

**Transaction ID : A678C0466C79B4EBE8AD**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Lynn A. Damitz MD**

Mailing Address 4917 Mill Hill Ln

City

Chapel Hill

State

NC

Zip Code

27517-7447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNC Div of Plastic & Recon Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.50

Date of Receipt

03 / 20 / 2015

**Transaction ID : AC9C40929174A481FBD4**

Amount of Each Receipt this Period

91.50

Full Name (Last, First, Middle Initial)

**B. Kevin C. Chung MD, MS**

Mailing Address 1250 Bardstown Trl

City

Ann Arbor

State

MI

Zip Code

48105-2815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 23 / 2015

**Transaction ID : A51DB17D44FED4FC7B98**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Gregory M. Swank MD**

Mailing Address 5141 Hurricane Hill Rd

City

Granite Falls

State

NC

Zip Code

28630-8384

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Piedmont Plastic Surgery & Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 24 / 2015

**Transaction ID : ABC785FE3CA964CA09A7**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2091.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 76  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Edwin N Austin MD**

Mailing Address 2685 Holiday Dr S

City State Zip Code  
 Salem OR 97302-5830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 24 / 2015

**Transaction ID : A5316C523D92D4E18BE8**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Robert E Kearney MD**

Mailing Address 4969 Flaxton Ter

City State Zip Code  
 San Diego CA 92130-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 24 / 2015

**Transaction ID : A538C26AE96B843B7B25**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Stephen D Bresnick MD**

Mailing Address 3575 Beverly Glen Ter

City State Zip Code  
 Sherman Oaks CA 91423-4402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 24 / 2015

**Transaction ID : AE5170EA5153B4A15A6F**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Sylvan Bartlett MD**

Mailing Address 104 Lena Dr

City  
Crane

State  
TX

Zip Code  
79731-3613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 24 / 2015

**Transaction ID : ACEF7AA58A016444A818**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Lane F Smith MD**

Mailing Address 8871 W Sahara Ave  
8871 W. Sahara Ave

City

Las vegas

State

UT

Zip Code

89117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 24 / 2015

**Transaction ID : AC2389CFDA14C4748BB1**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Gabriel M Kind MD**

Mailing Address 182 Commonwealth Ave

City

San Francisco

State

CA

Zip Code

94118-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Office Building

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 24 / 2015

**Transaction ID : A6ADB5D8178F448E89B9**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Henry F. Garazo MD**

Mailing Address 4875 Fairfield Rd

City

Fairfield

State

PA

Zip Code

17320-9486

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 24 / 2015

**Transaction ID : A88360E8574684E10ADD**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Keith M. Blechman MD**

Mailing Address 245 E 24th St  
Apt 8L

City

New York

State

NY

Zip Code

10010-3826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 24 / 2015

**Transaction ID : A921ADECE8E40468C83E**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Joe A Griffin MD**

Mailing Address 861 Santee Dr

City

Florence

State

SC

Zip Code

29501-5713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 24 / 2015

**Transaction ID : A3225CDD6769A43AA804**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. David H. Song MD, Mba, F**

Mailing Address 415 E North Water St  
Apt 2206

City State Zip Code  
Chicago IL 60611-5826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Chicago Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 24 / 2015

Transaction ID : AAFDE081EFF4F4E0B985

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Amy Arnold MD**

Mailing Address 2149 NE 62nd St  
2149 N.E. 62nd Street

City State Zip Code  
Fort Lauderdale FL 33308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 24 / 2015

Transaction ID : A38F2B6DB3D254335A3E

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**c. Lisa Lynn Lynn Sowder MD**

Mailing Address 201 Newell St

City State Zip Code  
Seattle WA 98109-1818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 24 / 2015

Transaction ID : A1730233BFCFC406DBB5

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Lisa C. Murcko MD**

Mailing Address 107 Farmstead Cir  
107 Farmstead Circle

City State Zip Code  
Lebanon PA 17042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2015

**Transaction ID : AD8ED3D7A64564782A63**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jennifer B. Buck MD**

Mailing Address 1252 Greybrooke Pl

City State Zip Code  
Oldsmar FL 34677-5115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Palm Harbor Plastic Surgery Centre

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2015

**Transaction ID : A0CD990A90430470CA54**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Richard J Zienowicz MD**

Mailing Address 424 3rd Beach Rd  
424 3rd Beach Road

City State Zip Code  
Middletown RI 02842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 25 / 2015

**Transaction ID : AB8EB8210C4F64C82B7A**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 76  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Stephen N. Zonca MD**

Mailing Address 19133 Elizabeth Ct

19133 Elizabeth Court

City

Spring Lake

State

MI

Zip Code

49456

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	5

**Transaction ID : AB86C474584EA43D2B98**

Amount of Each Receipt this Period

380.00

Full Name (Last, First, Middle Initial)

**B. James R Cullington MD**

Mailing Address 901 Baylor St

City

Austin

State

TX

Zip Code

78703-4937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	5

**Transaction ID : A82E870EC62E9423ABD3**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Alan Matarasso MD**

Mailing Address 1009 Park Avenue

City

New York

State

NY

Zip Code

10028-0936

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	5

**Transaction ID : A19BA2932040E4942B5B**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1680.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

Full Name (Last, First, Middle Initial)

**A. Loree K. Kallaiinen MD, FACS**

Mailing Address 7920 Hill Trl N

7920 Hill Trail Nort

City

Lake Elmo

State

MN

Zip Code

55042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regions Hospital Plastic/Hand Surgery

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2015

Transaction ID : A8676D6A1A03A4F1EB55

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Michael W. Neumeister MD, Frcsc,**

Mailing Address 96 S Fox Mill Ln

96 South Fox Mill Lane

City

Springfield

State

IL

Zip Code

62711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2015

Transaction ID : A46989935E62746B3B5A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Gregory Greco DO**

Mailing Address PO Box 8004

City

Red Bank

State

NJ

Zip Code

07701-8004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2015

Transaction ID : AA17ACDD705E24177ABE

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Richard J. Greco MD**

Mailing Address 5 Longbridge Rd

City

Savannah

State

GA

Zip Code

31410-1062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Georgia Institute For Plastic Surg

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 28 / 2015

**Transaction ID : ABAC067CB56CC446DBC**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Raman Chaos Mahabir MD, Frcsc,**

Mailing Address 25006 N Ranch Gate Rd  
25006 N Ranch Gate Rd

City

Scottsdale

State

AZ

Zip Code

85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 30 / 2015

**Transaction ID : A41B0F110C5F14CDA9C3**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Jeffery S. Flagg MD, DDS**

Mailing Address 1020 Park Dr  
Unit 416

City

Flossmoor

State

IL

Zip Code

60422-2516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 30 / 2015

**Transaction ID : A4C4DC41D2E9341C58E3**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Charles E. Butler MD**

Mailing Address 4126 Gramercy St

City

Houston

State

TX

Zip Code

77025-1111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Texas

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	5

**Transaction ID : AA80B0AC7F4954845A0E**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Joseph R Barnhouse MD**

Mailing Address 3101 W 117th St

City

Leawood

State

KS

Zip Code

66211-2926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardondelet Medical Building

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

**Transaction ID : A9EEB6194234341D49B6**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Christa Lynn Clark MD**

Mailing Address 1530 11th Ave

City

Sacramento

State

CA

Zip Code

95818-4137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

**Transaction ID : A45A0E8CCF86C416582F**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Michele A. Shermak MD**

Mailing Address 305 Overhill Rd

City State Zip Code  
 Baltimore MD 21210-2905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 JHBMC Division of Plastic Surgery

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2015

**Transaction ID : A670BE9FDF04C431C930**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Guy Cappuccino MD**

Mailing Address 2811 Sommersby Rd

City State Zip Code  
 Mount Airy MD 21771-8049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Self

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2015

**Transaction ID : A349059BFD10B44BBAFD**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Jules A. Feledy MD**

Mailing Address 6917 Ayr Ln

City State Zip Code  
 Bethesda MD 20817-4901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Self

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2015

**Transaction ID : A5122B635A0274136BD6**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

Full Name (Last, First, Middle Initial)

**A. Elizabeth S. Harris MD**

Mailing Address 30044 Cloud View Dr

City	State	Zip Code
Bulverde	TX	78163-4031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	02	/	2015

Transaction ID : A2240DBADE20E402CBA0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. George H Sanders MD**Mailing Address 16633 Ventura Blvd  
Ste 110

City	State	Zip Code
Encino	CA	91436-1834

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	02	/	2015

Transaction ID : A0BC7F8CEDB7A40EDAC8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Paul R. Weiss MD**Mailing Address 11 Ross Rd  
11 Ross Road

City	State	Zip Code
Scarsdale	NY	10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	02	/	2015

Transaction ID : ACE905872392E48C09E9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Eric R. Mariotti MD**

Mailing Address 5319 Stonehurst Dr  
5319 Stonehurst Dr

City State Zip Code  
Martinez CA 94553

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 02 / 2015

**Transaction ID : A8570BB5F81B3411B866**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Arun K. Gosain MD**

Mailing Address No. 4104  
505 N. McClurg Ct.

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Lurie Children's Hospital

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2015

**Transaction ID : A640D1ACCA0B2485C8A7**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Joseph J. Disa MD**

Mailing Address 5 Tinker Ln

City State Zip Code  
Greenwich CT 06830-3022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 07 / 2015

**Transaction ID : A36761F756B2745A8A0A**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Gregory R.D. Evans MD, FACS**

Mailing Address 10480 Yosemite Way

City  
Tustin

State  
CA

Zip Code  
92782-1471

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of California Irvine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 07 / 2015

Transaction ID : A6F4D74ACD8044AA9BB7

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Ernest Normington MD**

Mailing Address 303 Jonathan Rd

City

Lewisburg

State

PA

Zip Code

17837-8072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 07 / 2015

Transaction ID : A34C224F064AD48BEBE7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dennis J Lynch MD**

Mailing Address 2361 River Ranch Rd

City

Temple

State

TX

Zip Code

76502-4260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 07 / 2015

Transaction ID : AA813C1807447403F81A

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Debra J. Johnson MD**

Mailing Address 3500 Cutter Way

City

Sacramento

State

CA

Zip Code

95818-4442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Plastic Surgery Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	5

**Transaction ID : A3BF2E19043AD4B96AF2**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mr. Scot Bradley Glasberg MD, FACS**Mailing Address 900 Park Ave  
Apt 19AB

City

New York

State

NY

Zip Code

10075-0231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	5

**Transaction ID : A5BDA8C3AFC43487F88F**

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**C. William H. Huffaker MD**

Mailing Address 134 Pinehurst Estates Dr

City

Saint Louis

State

MO

Zip Code

63141-8041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Louis Cosmetic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	5

**Transaction ID : A749AD33E6F40418FB08**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

440.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Michael G Cedars MD**

Mailing Address 3300 Webster St  
Ste 1106

City State Zip Code  
Oakland CA 94609-3125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 13 / 2015

**Transaction ID : A301344C0151142CDB49**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Donald M Ditmars MD**

Mailing Address 455 Lincoln Rd  
455 Lincoln Road

City State Zip Code  
Grosse Pointe MI 48230-1608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 15 / 2015

**Transaction ID : A916AD2E2425643A0B32**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey M Darrow MD**

Mailing Address 10 Eagle Dr

City State Zip Code  
Canton MA 02021-1573

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 15 / 2015

**Transaction ID : AEFF1E49AC23E45C2B46**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Jack G Bruner MD**

Mailing Address 3741 Random Ln

City

Sacramento

State

CA

Zip Code

95864-1524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fort Sutter Medical Building

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	15	/	2015

**Transaction ID : A5425DD08C1874394B72**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Gordon H Sasaki MD**

Mailing Address 1127 S Oak Knoll Ave

City

Pasadena

State

CA

Zip Code

91106-4440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	15	/	2015

**Transaction ID : A709D84DCDCC4445C94C**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. William A. Wallace MD, FACS**Mailing Address 916 Alameda Ln  
916 Alameda Lane

City

St Johns

State

FL

Zip Code

32259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coastal Cosmetic Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	17	/	2015

**Transaction ID : AFC0136F1DB3E46C8914**

Amount of Each Receipt this Period

84.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1084.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Lynn A. Damitz MD**

Mailing Address 4917 Mill Hill Ln

City

Chapel Hill

State

NC

Zip Code

27517-7447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNC Div of Plastic & Recon Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

04 / 20 / 2015

Transaction ID : AB7776698155A4F9D99E

Amount of Each Receipt this Period

91.50

Full Name (Last, First, Middle Initial)

**B. C. Bob Basu MD, MPH, F**

Mailing Address 11406 Taylorcrest Rd

City

Houston

State

TX

Zip Code

77024-5224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Basu Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 20 / 2015

Transaction ID : A13BD8E70DB644CC996D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Mark L. Labowe MD**

Mailing Address 13460 Inwood Dr

City

Sherman Oaks

State

CA

Zip Code

91423-4836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 22 / 2015

Transaction ID : A3E0DBAA0BB9640CD9CE

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

841.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Steven C. Bonawitz MD**

Mailing Address 800 S 19th St

800 S 19th Street

City

Philadelphia

State

PA

Zip Code

19146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

John Hopkins Outpatient Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 22 / 2015

**Transaction ID : A6AE6DB1541074388AC6**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Thomas J. Hubbard MD**

Mailing Address 1549 McCullough Ln

City

Virginia Beach

State

VA

Zip Code

23454-1620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 22 / 2015

**Transaction ID : AE5F168C4EADD446EAFE**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. William M. Kuzon MD, PhD**

Mailing Address 4665 Fox Sedge Ct

# 4665

City

Dexter

State

MI

Zip Code

48130-9373

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Michigan - Plastic Surge

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 23 / 2015

**Transaction ID : A5E3F192B3EBC4EF4848**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

Full Name (Last, First, Middle Initial)

**A. Saul R. Berger MD**Mailing Address 16060 Ventura Blvd  
# 514

City	State	Zip Code
Encino	CA	91436-2761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2015

Transaction ID : A9E499F62333642FAA43

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. David S Kim MD**

Mailing Address 1230 Belmar Ln

City	State	Zip Code
Lexington	KY	40515-9411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2015

Transaction ID : AECF985BDA1D645FE91A

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Brendan E. Smith MD**Mailing Address 74 Buck Island Rd  
74 Buck Island Road Apt 104

City	State	Zip Code
Bluffton	SC	29910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2015

Transaction ID : AA4BFE16101F74D6EB10

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

925.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 43 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Jeffrey D. Horowitz MD**

 Mailing Address 245 Attenborough Dr  
 Apt 202

City	State	Zip Code
Baltimore	MD	21237-4986

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2015

**Transaction ID : AB56A834ACED1493BA9E**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Michael Suzman MD**

Mailing Address 16 Horseguard Ln

City	State	Zip Code
Scarsdale	NY	10583-2311

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

The Westchester Medical Group

Occupation

Physician

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

**Transaction ID : A59FF0A5EC6B041AEB8A**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Brian Reedy MD**

 Mailing Address 1725 Cambridge Ave  
 1725 Cambridge Ave

City	State	Zip Code
Wyomissing	PA	19610

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

**Transaction ID : AF196EA60DD054F8AB0E**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Matthew W Blanton MD**

Mailing Address 2020 Vinnings Pl

2020 Vinnings Place

City

Raleigh

State

NC

Zip Code

27608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 28 / 2015

**Transaction ID : AC7D5E7DB05544A66881**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. George A Csank MD**

Mailing Address 41 Under Mountain Rd

City

Lenox

State

MA

Zip Code

01240-2009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 29 / 2015

**Transaction ID : AF76693CAE4554389859**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Antonio Santin MD**

Mailing Address 3904 16th Ave S

City

Great Falls

State

MT

Zip Code

59405-5566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 29 / 2015

**Transaction ID : A4EFB183B3A1C40CEBB3**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 76  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Deason C Dunagan MD**

Mailing Address 102 Clinton Ave W  
Ste 401

City Huntsville State AL Zip Code 35801-4942

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 30 / 2015

**Transaction ID : A93D4027E70734467967**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Amy G. Wandel MD**

Mailing Address 6383 Grangers Dairy Dr

City Sacramento State CA Zip Code 95831-1039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Mercy Medical Group

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

04 / 30 / 2015

**Transaction ID : A05FA7BE64E8E4CA5825**

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

**c. Peter T. Hetzler MD**

Mailing Address 8 Elm Ln  
8 Elm Lane

City Rumson State NJ Zip Code 07760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2015

**Transaction ID : A22CC7AC791424C7A999**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 46 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Robert D. Rehnke MD**

Mailing Address 3011 82nd Way N

City

Saint Petersburg

State

FL

Zip Code

33710-2219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 30 / 2015

**Transaction ID : A5B67D1FA401A462EA88**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ivan M. Turpin MD**

Mailing Address 1310 W Stewart Dr  
Ste 610

City

Orange

State

CA

Zip Code

92868-3857

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 30 / 2015

**Transaction ID : AE5617FAEE4D649AC9BD**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Harold I Friedman MD**

Mailing Address 22 Olde Springs Rd

City

Columbia

State

SC

Zip Code

29223-6043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of South Carolina

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 30 / 2015

**Transaction ID : A141B7F15E450488EA80**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

Full Name (Last, First, Middle Initial)

**A. Ellen A. Janetzke MD**

Mailing Address 1090 Oakwood Dr

City

Bloomfield Hills

State

MI

Zip Code

48304-1120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2015

Transaction ID : AAF672A74E074423AA24

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Stewart P. Wang MD FACS**Mailing Address 2817 E Hillside Dr  
2817 E Hillside Dr

City

West Covina

State

CA

Zip Code

91791

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

Transaction ID : A8EB5F291742E42549E3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Tom S Liu MD**Mailing Address 3707 Kirk Rd  
3707 Kirk Road

City

San Jose

State

CA

Zip Code

95124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : AF47AC734A1744639B67

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1100.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Jerome H Liu MD**

Mailing Address 1534 Plaza Ln

City State Zip Code  
 Burlingame CA 94010-3204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2015

**Transaction ID : A530373DAE2F241CF9C1**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Tenley Lawton MD**

Mailing Address 60 Summerland Cir  
 60 Summerland Cir lce

City State Zip Code  
 Aliso Viejo CA 92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 07 / 2015

**Transaction ID : AAAC5F6806EC3482AAB5**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Ernesto J Ruas MD**

Mailing Address 603 S Boulevard  
 603 South Boulevard

City State Zip Code  
 Tampa FL 33606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2015

**Transaction ID : A27B2E224BEBB4179AB7**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Janet M. Blanchard MD**

Mailing Address 38732 Chagrin Mills Ct

38732 CHAGRIN MILLS COURT

City State Zip Code  
 WILLOUGHBY OH 44094

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2015

**Transaction ID : A0026D878E47241A9B79**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Daniel T. Ness MD**

Mailing Address 3509 Sawgrass Ct

City State Zip Code  
 Gastonia NC 28056-6630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Piedmont Plastic Surgery Center

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 10 / 2015

**Transaction ID : A655D95D4DEF5455E9FB**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Mr. Scot Bradley Glasberg MD, FACS**

Mailing Address 900 Park Ave

Apt 19AB

City State Zip Code  
 New York NY 10075-0231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2015

**Transaction ID : A8A12643DC3614BACB48**

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1590.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Debra J. Johnson MD**

Mailing Address 3500 Cutter Way

City

Sacramento

State

CA

Zip Code

95818-4442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Plastic Surgery Center

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 11 / 2015

Transaction ID : ADFFA532D5ADA432E802

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Sean Younai MD**

Mailing Address 4188 Vicasa Dr

City

Calabasas

State

CA

Zip Code

91302-1873

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 11 / 2015

Transaction ID : A45B4443E0BA94CF7B14

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. William H. Huffaker MD**

Mailing Address 134 Pinehurst Estates Dr

City

Saint Louis

State

MO

Zip Code

63141-8041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Louis Cosmetic Surgery

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 12 / 2015

Transaction ID : A15F54409B13A4342B46

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Paul S. Cederna MD**

Mailing Address 1860 Samer Rd

City  
Milan

State  
MI

Zip Code  
48160-9575

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Michigan Section of Plas

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 12 / 2015

**Transaction ID : A3E473603F22649408F3**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. William A. Wallace MD, FACS**

Mailing Address 916 Alameda Ln  
916 Alameda Lane

City

St Johns

State

FL

Zip Code

32259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coastal Cosmetic Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

05 / 17 / 2015

**Transaction ID : A30AB1CF2E3E840A69B0**

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**C. Lynn A. Damitz MD**

Mailing Address 4917 Mill Hill Ln

City

Chapel Hill

State

NC

Zip Code

27517-7447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNC Div of Plastic & Recon Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.50

Date of Receipt

05 / 20 / 2015

**Transaction ID : AB211EC954755414FAC7**

Amount of Each Receipt this Period

91.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1175.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Hilton C Adler MD**

Mailing Address 10 E Gate Ln

City

Setauket

State

NY

Zip Code

11733-1644

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 21 / 2015

**Transaction ID : A372593C3B37D415EBF9**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Louis P. Bucky MD**

Mailing Address 1275 S Avignon Dr

City

Gladwyne

State

PA

Zip Code

19035-1042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Farm Journal Building

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 21 / 2015

**Transaction ID : AE259858F29B3460F836**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Bruce S. Bauer MD**

Mailing Address 4418 W Pratt Ave  
4418 West Pratt

City

Lincolnwood

State

IL

Zip Code

60712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2015

**Transaction ID : A7579073855D34D03A21**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Pamela M Antoniuk MD**

Mailing Address 306 35th Ave E  
306 35th Ave E

City State Zip Code  
West Fargo ND 58078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2015

**Transaction ID : A4EFE58120FF042A1ABC**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Manish R Gupta MD**

Mailing Address 2522 Waterford Village Dr

City State Zip Code  
Sylvania OH 43560-8968

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2015

**Transaction ID : A6768191ABB9E4696BF4**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Bruce A Rodgers MD**

Mailing Address 13702 Holly Lynn Ln  
13702 Holly Lynn Lane

City State Zip Code  
Houston TX 77077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2015

**Transaction ID : ABABDE0406AEF4D57903**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

Full Name (Last, First, Middle Initial)

**A. Theodore A. Calianos MD**

Mailing Address 151 Whitmar Rd

City

State

Zip Code

Cotuit

MA

02635-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : A109BD6AE9D484C9C98F

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Sean M. Bidic MD, Faap,**

Mailing Address 221 Winterwood Ln

City

State

Zip Code

Mullica Hill

NJ

08062-9620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

American Surgical Arts, PC

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : A06744C8F58E84D88B97

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. David M. Turner MD**

Mailing Address 8930 Towana Trl

City

State

Zip Code

Austin

TX

78736-3316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : AD46127C4577D445C8AC

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

791.67

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Jennifer L. Butterfield MD**Mailing Address 323 Branding Way  
323 Branding Way

City Basalt State OH Zip Code 81621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2015**Transaction ID : A02AD60A0240642D8AD3**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Anna I. Wooten MD**Mailing Address 141 Guckert Ln  
141 Guckert Lane

City Wexford State PA Zip Code 15090

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2015**Transaction ID : A06E39548AD9B43F096F**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. William M. Kuzon MD, PhD**Mailing Address 4665 Fox Sedge Ct  
# 4665

City Dexter State MI Zip Code 48130-9373

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Michigan - Plastic Surge

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2015**Transaction ID : AD1A8C370CF7E4591A47**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Andrew N. Kornstein MD**

Mailing Address 1373 Redding Rd

City

Fairfield

State

CT

Zip Code

06824-1956

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2015

**Transaction ID : A555F3641453F41E9AC6**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Kenneth L Odinet MD**Mailing Address 200 Beaulieu Dr  
Ste 6

City

Lafayette

State

LA

Zip Code

70508-7230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2015

**Transaction ID : A9F1A1AFE6CE3467FA24**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. KaMing Li MD**Mailing Address 3110 Inland Empire Blvd  
3110-C Inland Empire Blvd

City

Ontario

State

CA

Zip Code

91764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2015

**Transaction ID : AF69333AFADFE41F1ACB**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1250.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

Full Name (Last, First, Middle Initial)

**A. Stefan G. Chevalier DO**

Mailing Address 214 Horton Rd

City	State	Zip Code
Bloomington	NY	12721-4719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2015

Transaction ID : A93AC26D309644358989

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Eugene C Hsiao MD**

Mailing Address 5220 N Delaware St

City	State	Zip Code
Indianapolis	IN	46220-3045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : A0DD6B74ABB2D4DAE95C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Peter T. Hetzler MD**Mailing Address 8 Elm Ln  
8 Elm Lane

City	State	Zip Code
Rumson	NJ	07760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2015

Transaction ID : A60CCBACE226F41DD938

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

Full Name (Last, First, Middle Initial)

**A. Paul J. LoVerme MD, FACS**

Mailing Address 3 Brook Ridge Ct

City

Cedar Grove

State

NJ

Zip Code

07009-1641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2015

Transaction ID : A677142C8DD6742178AD

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Dr. John J. Corey MD**Mailing Address 10210 N 92nd St  
Ste 200

City

Scottsdale

State

AZ

Zip Code

85258-4524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2015

Transaction ID : AE82EBBF7B6A2442C8D1

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Richard A. D'Amico MD**

Mailing Address 16 Lambs Ln

City

Cresskill

State

NJ

Zip Code

07626-2250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : A8712B88D9EB346ADA02

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

650.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 59 OF 76  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

Full Name (Last, First, Middle Initial)

A. Dean R. Cerio MD

 Mailing Address 1333 Hudson St  
 Apt 214N

City	State	Zip Code
Hoboken	NJ	07030-5578

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			08			2015			

Transaction ID : A5F7BE0E44B074ECBBF6

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Kristen M. Rezak MD, FACS

 Mailing Address 47 New Scotland Ave  
 #

City	State	Zip Code
Albany	NY	12208-3412

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			10			2015			

Transaction ID : A5F621353820546FD9CB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Debra J. Johnson MD

Mailing Address 3500 Cutter Way

City	State	Zip Code
Sacramento	CA	95818-4442

FEC ID number of contributing federal political committee.

C

Name of Employer

The Plastic Surgery Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			11			2015			

Transaction ID : ADFB387128F2E47879B5

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 60 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

## **A. Mr. Scot Bradley Glasberg MD, FACS**

Mailing Address 900 Park Ave  
Apt 19AB

City State Zip Code  
New York NY 10075-0231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

06 / 11 / 2015

**Transaction ID : A7F179A94941843EEBA9**

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

## **B. William H. Huffaker MD**

Mailing Address 134 Pinehurst Estates Dr

City State Zip Code  
Saint Louis MO 63141-8041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

St. Louis Cosmetic Surgery

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 12 / 2015

**Transaction ID : AEDF691E2693A4202912**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Juan A Brou MD**

Mailing Address 5304 NW 119th Ter  
5304 NW 119th Ter

City State Zip Code  
Oklahoma City OK 73162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 15 / 2015

**Transaction ID : A96B0F800C203425BBB7**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

840.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 61 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Frederick G. Weniger MD**

Mailing Address 79 Shelburne St

City  
Bluffton

State  
SC

Zip Code  
29910-7819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 15 / 2015

**Transaction ID : A6AD489BDF01F4024A01**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Denise M. Kenna MD**

Mailing Address 700 Woodberry Rd

City  
York

State  
PA

Zip Code  
17403-4140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 15 / 2015

**Transaction ID : AB8847291339E418E893**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. David F Pratt MD**

Mailing Address 4420 95th Ave NE

City  
Yarrow Point

State  
WA

Zip Code  
98004-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 15 / 2015

**Transaction ID : AA064FDB521674367AD9**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1750.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Daniel J Freet MD**

Mailing Address 3904 Brandt St

3904 Brandt Street

City

Houston

State

TX

Zip Code

77006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of TX Medical School

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

**Transaction ID : A81FFEF32DA1E4C2E97E**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Michael E. Sweet MD**

Mailing Address 220 Blue Heron Cir

City

Mount Pleasant

State

WI

Zip Code

53406-3460

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

**Transaction ID : A0FA538D80CC34902933**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mark H. Jensen MD**

Mailing Address 11649 Pennbrooke Ln

11649 North Pennbrooke Lane

City

American Fork

State

UT

Zip Code

84003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2015

**Transaction ID : AECEF7562BF6D44ED857**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 63 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. William A. Wallace MD, FACS**

Mailing Address 916 Alameda Ln

916 Alameda Lane

City

St Johns

State

FL

Zip Code

32259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coastal Cosmetic Center

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 17 / 2015

Transaction ID : AF45FF5B75A76469FA18

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**B. Dr. Eric Halvorson MD**

Mailing Address 15 Ingraham Rd

15 Ingraham Road

City

Wellesley

State

NC

Zip Code

02482

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brigham and Women's Hospital

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 18 / 2015

Transaction ID : AECC9F97CEC50416292A

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Marcel M. Malek MD**

Mailing Address 8438 E Shea Blvd

Ste 101

City

Scottsdale

State

AZ

Zip Code

85260-6669

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 18 / 2015

Transaction ID : A6F8CA50728924271A94

Amount of Each Receipt this Period

1200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1634.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 64 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

Full Name (Last, First, Middle Initial)

**A. Lu-Jean Feng MD**

Mailing Address 20 Manderly Ln

City	State	Zip Code
Moreland Hills	OH	44022-2066

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

Transaction ID : AE810D80ECF49445D9EC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Richard A. de Ramon MD**

Mailing Address 1955 Lambs Gap Rd

City	State	Zip Code
Mechanicsburg	PA	17050-1618

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

Transaction ID : A76AD2EB031F74A79A44

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Simeon H. Wall Sr., MD**

Mailing Address 726 Wilder Pl

City	State	Zip Code
Shreveport	LA	71104-4328

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

Transaction ID : AF829D08381CE4368BCA

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 65 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

Full Name (Last, First, Middle Initial)

**A. Matthew Lynch MD**
 Mailing Address 15 Old York Rd  
 15 Old York Rd

City	State	Zip Code
Chesterfield	NJ	08515

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	18	/	2015

Transaction ID : A6A3840482D1C4C9FAF2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Paul F. Vanek MD, FACS**

Mailing Address 9485 Curberry Dr

City	State	Zip Code
Mentor	OH	44060-7132

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	18	/	2015

Transaction ID : AB6238B5632D042F3AFB

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Lynn A. Damitz MD**

Mailing Address 4917 Mill Hill Ln

City	State	Zip Code
Chapel Hill	NC	27517-7447

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

UNC Div of Plastic &amp; Recon Surgery

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	20	/	2015

Transaction ID : ADB65292F01E54CCFA43

Amount of Each Receipt this Period

91.50

SUBTOTAL of Receipts This Page (optional)..... ►

1091.50

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 76  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Theodore A. Calianos MD**

Mailing Address 151 Whitmar Rd

City State Zip Code  
Cotuit MA 02635-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 21 / 2015

Transaction ID : AC5CCFE4844EF4270B89

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Morgan E Norris MD**

Mailing Address 6906 Sewanee St

City State Zip Code  
Houston TX 77025-1348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 23 / 2015

Transaction ID : A3D24EE4804464DEEA0A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. William M. Kuzon MD, PhD**

Mailing Address 4665 Fox Sedge Ct  
# 4665

City State Zip Code  
Dexter MI 48130-9373

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

University of Michigan - Plastic Surge

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 23 / 2015

Transaction ID : A50CAA8F56CF9491BB33

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

391.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 67 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Richard Tepper MD**

Mailing Address 10 Langtree Dr

City State Zip Code  
 Livingston NJ 07039-3620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : A93E8DF7DEA0146BC92A**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mary C Snyder MD**

Mailing Address 4301 Penrose Pl  
 4301 Penrose Place

City State Zip Code  
 Rapid City SD 57702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : AEFC94416EC054B3189D**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**c. Gregory M. Fedele MD**

Mailing Address 18081 Hawksmoor Way

City State Zip Code  
 Chagrin Falls OH 44023-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2015

**Transaction ID : A9CC7B05C8F624CEFB60**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

925.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 68 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Malcolm Z. Roth MD**

Mailing Address 10 Claire Cmn

10 Claire Common

City

Slingerlands

State

NY

Zip Code

12159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Albany Medical Center

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 24 / 2015

**Transaction ID : A2E696D190143452CA63**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. David Z. Evdokimow MD**

Mailing Address 395 Broadway

Apt 3B

City

New York

State

NY

Zip Code

10013-3540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DE'OMILIA Institute of Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2015

**Transaction ID : A6BFC9B9180794C49BFD**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Amy G. Wandel MD**

Mailing Address 6383 Grangers Dairy Dr

City

Sacramento

State

CA

Zip Code

95831-1039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Group

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 26 / 2015

**Transaction ID : A2CEDCBC4A2604D3496F**

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 69 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Beth A. Preminger MD**

Mailing Address 435 E 70th St  
Apt 24K

City State Zip Code  
New York NY 10021-0519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

06 / 28 / 2015

Transaction ID : A7D00CE7C0C03466EBFD

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

**B. Peter T. Hetzler MD**

Mailing Address 8 Elm Ln  
8 Elm Lane

City State Zip Code  
Rumson NJ 07760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

06 / 30 / 2015

Transaction ID : A927F207C0632406CA40

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**c. Paul J. LoVerme MD, FACS**

Mailing Address 3 Brook Ridge Ct

City State Zip Code  
Cedar Grove NJ 07009-1641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2015

Transaction ID : A98C1B15D58ED4B4D8C8

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

417.00

**TOTAL** This Period (last page this line number only)..... ►

86357.34

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 70 OF 76

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

Full Name (Last, First, Middle Initial)

**A. JP Morgan Chase**

Mailing Address 1201 S Milwaukee Ave

City Libertyville      State IL      Zip Code 60048-3737

Purpose of Disbursement  
JP Morgan Chase Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 06 / 2015

Transaction ID : BAE8EEAA74964B3198C

Amount of Each Disbursement this Period

94.27

Full Name (Last, First, Middle Initial)

**B. JP Morgan Chase**

Mailing Address 1201 S Milwaukee Ave

City Libertyville      State IL      Zip Code 60048-3737

Purpose of Disbursement  
Transfirst Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 10 / 2015

Transaction ID : B1C6EBF5636A942D3964

Amount of Each Disbursement this Period

9.40

Full Name (Last, First, Middle Initial)

**C. JP Morgan Chase**

Mailing Address 1201 S Milwaukee Ave

City Libertyville      State IL      Zip Code 60048-3737

Purpose of Disbursement  
American Express Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 28 / 2015

Transaction ID : B6D75DEE6B9FD4941892

Amount of Each Disbursement this Period

23.05

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

126.72

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Society of Plastic Surgeons Plastypac

Three 7-segment displays are shown, each with a label above it. The first display is labeled 'M M' and shows the number '03'. The second display is labeled 'D D' and shows the number '06'. The third display is labeled 'Y Y Y Y' and shows the year '2015'.

79.86

123.75

164.81

368.42

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Society of Plastic Surgeons Plastypac



86.05

MM / DD / YYYY

591.21

300.85

State:  District:

978.11

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 73 OF 76

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. JP Morgan Chase**

Mailing Address 1201 S Milwaukee Ave

City Libertyville      State IL      Zip Code 60048-3737

Purpose of Disbursement  
American Express Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2015
**Transaction ID : BDC69B95E1F684F01B57**

Amount of Each Disbursement this Period

180.56

Full Name (Last, First, Middle Initial)

**B. JP Morgan Chase**

Mailing Address 1201 S Milwaukee Ave

City Libertyville      State IL      Zip Code 60048-3737

Purpose of Disbursement  
Transfirst Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2015
**Transaction ID : BBAAFB1E1E2784E8F826**

Amount of Each Disbursement this Period

9.40

Full Name (Last, First, Middle Initial)

**C. JP Morgan Chase**

Mailing Address 1201 S Milwaukee Ave

City Libertyville      State IL      Zip Code 60048-3737

Purpose of Disbursement  
American Express Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2015
**Transaction ID : B0DC55401053747C7999**

Amount of Each Disbursement this Period

5.26

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

195.22

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Society of Plastic Surgeons Plastypac

Category/  
Type

215.14

State:  District:

Category/  
Type

80.62

State:  District:

Category/  
Type

State:  District:

295.76

1964.23

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 75 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Dr. Raul Ruiz for Congress**

Mailing Address PO Box 3433

City	State	Zip Code
Palm Desert	CA	92261

Purpose of Disbursement

Candidate Name

**Rep. Raul Ruiz**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 36

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2015

**Transaction ID : B28D8DBE484814E50B2F**

Amount of Each Disbursement this Period

2000.00
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Full Name (Last, First, Middle Initial)

**B. Stivers for Congress**

Mailing Address 4679 Winterset Drive

City	State	Zip Code
Columbus	OH	43220-8113

Purpose of Disbursement

Candidate Name

**Rep. Steve E. Stivers**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OH District: 15

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2015

**Transaction ID : B94B1FD9E92E14442B2B**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Roy Blunt**

Mailing Address PO Box 10178

City	State	Zip Code
Columbia	MO	65205-4002

Purpose of Disbursement

Candidate Name

**Sen. Roy D. Blunt**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MO District:

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2015

**Transaction ID : B914EAEE42BB241CAAC1**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 76 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

Full Name (Last, First, Middle Initial)

**A. Lone Star Leadership PAC**

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824-0844

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2015

Transaction ID : BF403F0512EA64C499F2

Amount of Each Disbursement this Period

5000.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00
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14500.00
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